



## Alaska Unified Certification Program Disadvantaged Business Enterprise Annual No Change Declaration

The purpose of the annual declaration is to verify your firm's continued eligibility in the program and identify changes that may affect Disadvantaged Business Enterprise (DBE) and Airport Disadvantaged Business Enterprise (ACDBE) certification. This information is required to maintain DBE/ACDBE certification with the Alaska Unified Certification Program (AUCP).

A DBE Certified in Alaska must provide the AUCP each year:

Declaration of Eligibility

Business Gross Receipt Documentation such as: audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed.

If you own other businesses you must provide Business Gross Receipt Documentation for those businesses such as: audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed.

Employee List

Current Business Information Form

### **Documents must be submitted to the AUCP Office:**

Alaska Department of Transportation & Public Facilities Civil Rights Office  
PO Box 196900  
Anchorage AK 99519-6900  
Phone: 907-269-0845 Fax: 907-269-0847 Email: sarah.starzec@alaska.gov

---

### **Code of Federal Regulations (CFR) §26.83 (j) states:**

- (j) A DBE must provide its certifier(s), every year on the anniversary of its original certification, a new DOE along with the specified documentation in § 26.65(a), including gross receipts for its most recently completed fiscal year, calculated on a cash basis regardless of the DBE's overall accounting method. The sufficiency of documentation (and its probative value) may vary by business type, size, history, resources, and overall circumstances. However, the following documents may generally be considered "safe harbors," provided that they include all reportable receipts, properly calculated, for the full reporting period: audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed. **Non-compliance, whether full or partial, is a § 26.109(c) failure to cooperate.**

### **Code of Federal Regulations (CFR) §26.83 (i) states:**

- (i) If you are a DBE, you must inform the recipient or UCP in writing of any change in circumstances affecting your ability to meet size, disadvantaged status, ownership, or control requirements of this part or any material change in the information provided in your application form.
- (1) Changes in management responsibility among members of a limited liability company are covered by this requirement.
  - (2) You must attach supporting documentation describing in detail the nature of such changes.
  - (3) The DBE must notify the certifier of a material change in its circumstances that affects its continued eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed DOE with the notice. **The DBE's non-compliance is a § 26.109(c) failure to cooperate.**



**DECLARATION OF ELIGIBILITY**

This form must be signed by *EACH OWNER* upon whose disadvantaged status the firm relies for certification.

*A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.*

I \_\_\_\_\_(full name printed), declare under penalty of perjury that I am \_\_\_\_\_(title) of the firm \_\_\_\_\_, all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this material is for the purpose of inducing certification by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the material, and I authorize such agency to contact any entity named in certification material, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial or decertification.

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency, on an ongoing basis, current, complete and accurate information regarding my firm's (1) commercially useful function (CUF) performed on the project or concession lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to notify the certifying agency of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed Declaration of Eligibility (this form) with the notice.

I acknowledge and agree that any misrepresentations in certification materials or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or

decertification; suspension and debarment; and for initiating action under federal and/or state law.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I declare that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- Women    Black American    Hispanic American
- Native American    Asian Pacific American
- Subcontinent Asian American
- Other pursuant to 49 CFR § 26.67(d)

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further declare that my personal net worth does not exceed the DBE program's limit posted on <https://www.transportation.gov/DBEPNW>, and that I am economically disadvantaged because My ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

**PURSUANT TO 28 USC § 1746:**

***I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON \_\_\_\_\_***

**SIGNATURE \_\_\_\_\_  
(OWNER)**

## CURRENT BUSINESS INFORMATION

FIRM NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_

BUSINESS WEBSITE ADDRESS \_\_\_\_\_

BUSINESS CONTACT PERSON \_\_\_\_\_

HAS THE OWNERSHIP OF YOUR BUSINESS CHANGED?  YES  NO  
(If so, please provide supporting documentation)

HAS THE BUSINESS STRUCTURE CHANGED? (i.e., Changed from a Sole Proprietor to a LLC)  
 YES  NO (If so, please provide supporting documentation)

HAS THE MANAGEMENT OF YOUR BUSINESS CHANGED?  YES  NO  
(If so, please provide supporting documentation)

EMPLOYER IDENTIFICATION NUMBER (EIN) \_\_\_\_\_

AASHTOWare VENDOR ID: \_\_\_\_\_  
(if none, please register here: <https://iris-vss.alaska.gov/>)

FOR BIDDING OPPORTUNITIES PLEASE REGISTER YOUR BUSINESS

<http://www.dot.state.ak.us/procurement/index.shtml>

WHICH AREA OF THE STATE DO YOU WISH TO PROVIDE YOUR SERVICES?

Northern Region  Central Region  Southcoast Region  Statewide

WHAT IS YOUR FIRM'S BONDING LIMIT? \_\_\_\_\_  
(Please provide supporting documentation)

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**DESCRIBE THE CHANGES TO YOUR BUSINESS OWNERSHIP:**

---

---

---

---

---

---

---

---

**DESCRIBE THE CHANGES TO YOUR BUSINESS STRUCTURE:**

---

---

---

---

---

---

---

---

**DESCRIBE THE CHANGES TO YOUR BUSINESS MANAGEMENT:**

---

---

---

---

---

---

---

---

---

---

## EMPLOYEE LIST

Please list full time, part time and temporary employees below:

	NAME		TITLE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			